

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-044246

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11228

STATE FILE NUMBER

FILED NOV 30 1962

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Length of stay in lb.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4516 St. Louis Ave.		d. STREET ADDRESS (If outside, give location) 1504 Wagoner Pl.	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Savannah Wilson Gavin		4. DATE OF DEATH Month II/18/62. Day Year	
5. SEX Female	6. COLOR OR RACE Col.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH I/3/01
9. AGE (last birthday) 61	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and state or country) Estell, Miss,
12. CITIZEN OF WHAT COUNTRY USA.		13. FATHER'S NAME Gilbert Harrell	
14. MOTHER'S MAIDEN NAME Emma Green		15. NAME OF HUSBAND OR WIFE Aras Gavin	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		17. SOCIAL SECURITY NO.	
18. INFORMANT Emma Strong		Address 4516 St. Louis Ave.	
19. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>170x</u> DUE TO (c) <u>Ca of lt heart</u>		INTERVAL BETWEEN ONSET AND DEATH <u>11-15-62</u> <u>11-17-62</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypertension, Cordis vascular disease</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
20. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
22. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		23. TIME OF INJURY Hour Month, Day, Year	
24. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
26. CITY, TOWN, OR LOCATION		COUNTY STATE	
27. I attended the deceased from <u>1960</u> to <u>11-17-62</u> and last saw her alive on <u>11-17-62</u>		Death occurred at <u>1 pm</u> <u>11-18-62</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
28. SIGNATURE <u>Clara Moore</u> (Degree or title)		29. ADDRESS <u>2874 N. Taylor</u>	
30. DATE <u>II/24/62</u>		31. DATE SIGNED <u>11-23-62</u>	
32. BURIAL, CREMATION, REMOVAL (Specify) Burial		33. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	
34. LOCATION (City, town, or county) St. Louis Co. Mo.		35. FUNERAL DIRECTOR Wright's Funeral Home	
36. ADDRESS 3100 Easton Ave.		37. DATE RECD. BY LOCAL REG. NOV 23 1962	
38. REGISTRAR'S SIGNATURE <u>Read Smith M.D.</u>			

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Arthur L. Heilman

Licensed Embalmer No. 4221

P. O. Address 3100 Easton Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.